

L15000212952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

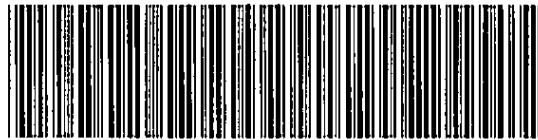
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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2020 MAR-5 P 4:07

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monster Security Team LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beth Montreal

Name of Person

Personal Representative to the Estate of Zachary Montreal

Firm/Company

2681 SE Gowin Dr

Address

Port St Lucie FL 34952

City/State and Zip Code

bmonreal75@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Montreal 772 318-5040
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Monster Security Team LLC

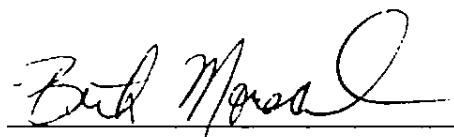
SECOND: The Florida Document number of the limited liability company is: L1500012952

THIRD: The date of filing of the initial articles of organization is: December 28th 2015

FOURTH: The date of filing of the dissolution is: dissolved 2/13/20 fraudently reinstated 2/18/20, dissolved again 3/2/20

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

ERIC SLAFTER CONTINUES TO FRAUDENTLY MAKE CHANGES TO THIS LLC. HOW IS THIS POSSIBLE??!!


Signature of Authorized Representative

Beth Montreal

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

2020 MAR - 5 PM 07

FILED